

AVONWORTH SCHOOL DISTRICT

Permission to Carry and Self Administer Inhalers and Auto Injecting Epinephrine

In accordance with Pennsylvania State Law, I hereby agree to allow my child to carry his/her asthma inhaler medication or auto injecting epinephrine. I acknowledge that the Avonworth School District and its staff bear no responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. The Avonworth School District reserves the right to withdraw this permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.

Parent/Guardian Signature: _____ Date: _____

I agree to be solely responsible for my Inhalers and/or Auto Injecting Epinephrine and to follow the directions for its use as ordered by my licensed prescriber and the District's medication policy. I am aware that any abuse of this privilege will result in confiscation of the medication and loss of privilege to carry and self administer said medication.

Student Signature: _____ Date: _____

For District Health Office use only:

For students in grade 7 through 12:

When a written statement of competency is not provided by the licensed prescriber, the student must meet all four criteria to carry and self administer Inhalers and Auto Injecting Epinephrine:

- _____ 1. Respond and visually recognize his/her name.
- _____ 2. Identify his/her medication.
- _____ 3. Demonstrate proper technique for self administering his/her medication
- _____ 4. Verbalize symptoms when medication should be used and schedule for administration.

This student has demonstrated the ability to self administer the said medication as indicated above.

Nurse signature: _____ Date: _____